

# Educator License Application

Utah State Office of Education, 250 East 500 South, P. O. Box 144200, Salt Lake City, UT 84114-4200

<b>To be filled out by Student</b> (Please type or print in <b>Black</b> ink using a medium point pen and complete <b>ONLY</b> those areas that are applicable.)				
Full Name: (Last) (First) (Middle) (Birth/Maiden Name)				Date:
Mailing Address for Delivery of License (Including City, State & Zip)				Social Security or CACTUS ID #:
Sex:	Ethnic Background*:	Citizenship:	Place of Birth:	Date of Birth:
Previous Utah Educator License (If Any): <input type="checkbox"/> Yes <input type="checkbox"/> No			Year Granted:	
Have you ever had a credential revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, where?	
Have you ever been convicted of violating any law, except minor traffic violations? _____ (Convictions for Driving Under the Influence of drugs or alcohol shall be reported.) If yes, explain on a separate sheet. <b>If a background check reveals that you have made false statements, your license may be revoked.</b>				
I verify these statements are true, and I understand this information may be used or provided to potential employers and to the Utah State Office of Education for appropriate licensure and professional development purposes. I also give permission for the university to submit my preservice test scores for licensure.			Educator's Signature:	

\*Ethnic background information is being requested for state and federal reporting purposes; however, you are not required to respond.

(USOE ONLY)		(FOR UNIVERSITY USE ONLY)				(USOE USE ONLY)	
L	BS	License Area	Endorsements	ETS Test #	ETS Test Score	Date Issued	Renewal Dates

(FOR UNIVERSITY USE ONLY)		
Degrees (University/ Month/Year/State) --B.S./B.A.  Major(s):  Minor(s)	Degrees (University/ Month/Year/State) -- M.S./ M.A./M.Ed.  Major(s):	Degrees (University/Month/Year/State) --Ed.D/ Ph.D.  Major(s):

This is to certify that the applicant has completed the requirements in the approved program for this license and that all information submitted is accurate:

\_\_\_\_\_  
Signature of Institutional Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Officer

\_\_\_\_\_  
College/University

\_\_\_\_\_  
Date

10/24/2005

License Areas of Concentration:	
Administrative/Supervisory	
Communication Disorders:	Audiology Speech-Language Pathology
Early Childhood K-3	
Elementary 1-8	
Preschool Special Education (Birth-5): Hearing Impaired (B-5) Visually Impaired (B-5)	
School Counselor (K-12)	
School Counselor/Psychologist	
School Psychologist (K-12)	
School Social Worker (K-12)	
Secondary 6-12	
Special Education (K-12):	Hearing Impaired Mild/Moderate Severe Handicapped Visually Impaired

Endorsements:	
Fine Arts:	Dance Drama (Theater) Humanities Music (K-12) Music (6-12) Visual Arts (K-12) Visual Arts (6-12)
Health, P.E., Safety	Coaching Driver and Safety Education Health Physical Education (K-12) Physical Education (6-12) Physical Education: Sports/Coaching
Mathematics:	Mathematics Level 2 Mathematics Level 3 Mathematics Level 4 Mathematics/Statistics
Language Arts:	Bilingual/ESL English English as a Second Language (ESL) Journalism
Language Arts Cont.:	Reading Speech

Science:	Biology Botany Chemistry Chemistry/Physics Earth Science Geology Physical Science Physics Zoology
Social Studies:	Economics Geography History Political Science Psychology Social Studies Composite/Social Science Sociology
World Languages:	American Sign Language Chinese French German Japanese Latin Russian Spanish
Other:	Computer Science Distance Learning Gifted and Talented Library Media (K-12) Middle Level
Career and Technical Education:	Agriculture Business Business Computer/Information Systems Family and Consumer Science Technology Education Marketing Education